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PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875										ess it displays a valid OMB control number Application of Docket Number		
CLAIMS AS FILED – PART I (Column 1) (Column 2) SMALL ENTITY									OR	OTHER THAN SMALL ENTITY		
FOR NUMBER FILED NUMBER E					MBER EXTRA	RATE	FEE		RATE	FEE		
BASIC FEE (37 CFR 1.16(a))							\$	OR	IVAIL			
	TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = •						\ <u>'</u>	7		\$		
IN	DEPENDENT CL	AIMS					-   X \$=	-	OR	X \$=	ļ	
一	(37 CFR 1.16(b)) minus 3 =						-     × s=	<del> </del>	OR	x \$=	ļ	
<u> </u>	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))								OR	+ \$=		
* 11	* If the difference in column 1 is less than zero, enter "0" in column 2.								OR	TOTAL		
CLAIMS AS AMENDED - PART II												
	(Column 1)				(Column 2	(Column 2) (Column 3)				OTHER	R THAN	
AMENDMENT A	С		LAIMS		HIGHEST	(Column 3)	3 SMALL	ENTITY	OR <b>7</b>		ENTITY	
	Table	AF	MAINING AFTER ENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	2	<u> </u>	Minus	" 20	=	× \$=		OR	x \$ =		
	Independent (37 CFR 1.16(b))	$\tilde{I}$		Minus	" 4	=	x \$ =		OR	x \$ =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$ =					
							TOTAL		OR	+ \$ = TOTAL	, <del>'</del>	
		(Colur	nn 1)		(0-1	10.1	ADD'L FEE	L	OR	ADD'L FEE	<del></del>	
AMENDMENT B		CLA	IMS		(Column 2) HIGHEST	(Column 3)			1 1	<del>-                                    </del>		
		REMA AFT AMENE	TER		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37.CFR.L16(c))			Minus	**	=	-x-s=					
	Independent (37 CFR 1.16(b))	,		Minus	***	=	x \$ =		OR	X \$=		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								OR	× \$=		
(b) (c) (c) (d)							+ \$ = TOTAL	<del></del>	OR L	+ \$ =		
							ADD'L FEE		OR	ADD'L FEE		
_ <sub>T</sub>	<del></del>	(Colum CLAII			(Column 2)	(Column 3)						
MER		REMAII AFTE AMENDI	NING ER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total (37 CFR 1.16(c))	•		Minus	**	= .	x \$_ =	ree	_ }		FEE	
	Independent (37 CFR 1.16(b))	•		Minus	***	=				X \$=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						X \$=			× \$=		
[5, 5, 7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,							+ \$= TOTAL			+ \$ =   FOTAL		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".												
***	f the "Highest N	umber Pre umber Pre	eviously P eviously Pa	'aid For" I aid For" It	N THIS SPACE I	is less than 20, er	408				• 1	
	he "Highest Nur	nber Previ	iously Pai	d For" (To	otal or Independe	ent) is the highest	er 3. number found in th	e annronriate	hay in calu	mn 1	ľ	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.